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020210 7590 09/28/2005

**DAVIS & BUJOLD, P.L.L.C.
FOURTH FLOOR
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Michael J. BUJOLD	(Depositor's name)
<i>[Signature]</i>	(Signature)
November 10, 2005	(Date)

11/15/2005 HDEMESS2 00000018 10762390

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/762,390	01/22/2004	Michael Ebenhoch	ZAHFRI P598US	4858

TITLE OF INVENTION: SELECTOR TRANSMISSION FOR A MOTOR VEHICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLAS S
LE, DAVID D	3681	074-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1 DAVIS & BUJOLD, P.L.L.C. 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **ZF Friedrichshafen AG** (B) RESIDENCE: (CITY and STATE OR COUNTRY) **D-88038 Friedrichshafen GERMANY**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0213 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

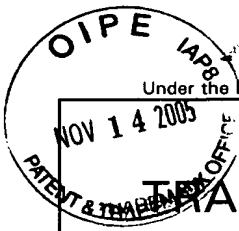
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Authorized Signature *[Signature]* Date **10 November 2005**
Typed or printed name **Michael J. BUJOLD** Registration No. **32,018**

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Frame: 0370
Reel: 014976
Assignment Recorded: February 17, 2004



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/762,390
	Filing Date	January 22, 2004
	First Named Inventor	Michael EBENHOCH
	Group Art Unit	3681
	Examiner Name	David D. LE
Total No. of Pages in this Submission: 3	Attorney Docket Number	ZAHFRI P598US

ENCLOSURES (check all that apply)

- | | | |
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 10, 2005	

CERTIFICATE OF MAILING

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Type or printed name	Michael J. Bujold
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